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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/02/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

2 Lead Spinal Cord Stimulator Trial

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Neurological Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity is not established for 2 Lead Spinal Cord Stimulator Trial.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

11/07/11 – Clinical Note – Emergency Room Report

11/28/11 – Clinical Note –MD

01/04/12 – Clinical Note –MD

01/04/12 – Radiographs Lumbar Spine

01/30/12 – Lumbar Myelogram

01/30/12 – Post-Myelogram Ct Lumbar Spine

01/30/12 – MRI Left Shoulder

02/22/12 – Clinical Note –MD

03/05/12 – Clinical Note –MD

03/15/12 – Clinical Note –MD

03/16/12 – Clinical Note –MD

03/16/12 – Designated Doctor Evaluation

03/16/12 – Report Of Medical Evaluation

03/22/12 – Clinical Note –MD

03/29/12 – Clinical Note – MD

04/10/12 – Clinical Note –MD

04/10/12 – Psychological Evaluation –PhD

04/10/12 – Report Of Psychological Testing

04/17/12 – Clinical Note –MD

04/23/12 – Utilization Review Determination

05/02/12 – Clinical Note –MD

05/14/12 – Clinical Note –MD

05/22/12 – Utilization Review Determination

PATIENT CLINICAL HISTORY [SUMMARY]

The claimant is a male who was involved in a motor vehicle accident on xx/xx/xx. He had L5-S1 lumbar fusion in 2002. The claimant saw Dr. on 01/04/12 with complaints of pain to the left shoulder and low back. The note states the claimant had not attempted therapy or injections. Physical exam revealed the claimant ambulated with a stiff gait pattern. Balance and coordination were intact. There was full strength throughout. There was decreased sensation in the feel and anterior shin. Straight leg raise was negative bilaterally. CT myelogram of the low back and MRI of the left shoulder was recommended. Radiographs of the lumbar spine performed 01/04/12 revealed prior fusion at L5-S1. There was 2-3mm anterolisthesis of L4 on L5, which was completely reduced on the extension view.

MRI of the left shoulder performed 01/30/12 revealed moderate degenerative acromioclavicular joint disease. There was flattening of the posterior/posterolateral humeral head, suggesting hatchet deformity. There was a mild partial undersurface tear of the posterior distal infraspinatus tendon and a moderate to high-grade partial tear with possible pinhole full-thickness component of the anterior supraspinatus tendon. There was minimal subacromial subdeltoid fluid. There was mild to abnormal signal in the biceps tendon proximally. There was abnormal appearance of the anterior/inferior labrum/glenoid. Post-myelogram CT of the lumbar spine performed 01/30/12 revealed posterior lumbar fusion at L5-S1 with posterior hardware and near complete bony fusion across the L5-S1 disc space. There was moderate foraminal stenosis noted. There was severe degenerative facet hypertrophy at L4-5 with some distortion of the thecal sac and crowding of the nerve roots without high-grade spinal stenosis. There was severe left and mild right bony foraminal narrowing.

The claimant saw Dr. on 03/05/12 with complaints of low back pain with radiation to the lower extremities. The claimant's medications included Neurontin and hydrocodone. Physical exam was not performed. A trial of neuromodulation was recommended. The claimant was seen for psychological evaluation on 04/10/12. The claimant complained of pain to the back, buttock, and leg rating 5 to 7 out of 10 despite ice, heat, stretching, and exercise. Mental status exam revealed a cautiously hopeful mood and congruent affect. There were no difficulties with recall, attention, or concentration. The thought processes were logical and orderly. The thought content was a mixture of frustration and cautious hope. The claimant was assessed with mild dysthymia associated with work-injury related chronic pain. The claimant was thought to be a good candidate for spinal cord stimulator. The claimant expressed reasonable expectations and understanding.

The requests for a two-lead spinal cord stimulator trial was denied by utilization review on 04/23/12 due to lack of documentation of exhaustion of other less invasive conservative treatment, to include oral pain medications and physical therapy. The functional objective response through VAS pain scores and PT progress notes were not provided. The report of the most recent drug-screening test was not noted. The radiologist's analysis of the most recent diagnostic imaging studies to rule out other pain generators was not provided for review. The requests for a two-lead spinal cord stimulator trial was denied by utilization review on 05/22/12 due to lack of objective documentation of exhaustion of other less invasive conservative treatment, to include oral pain medications and physical therapy. The most recent drug screen test was not noted. The analysis of the most recent diagnostic imaging studies to rule out other pain generators was not provided for review.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical documentation and current evidence based guideline recommendations for spinal cord stimulator trials, medical necessity is not established for the request. The claimant is status post lumbar fusion in 2002 and the clinical documentation indicates that the claimant did not respond to medications including Neurontin or Hydrocodone. The clinical documentation provided for review did not discuss other conservative measures to include physical therapy or injections. Failure of these modalities was not provided in the clinical documentation. Additionally, there is limited objective evidence of significant functional limitations or radicular findings in the lower extremities that would reasonably benefit from the use of a spinal cord stimulator. The reviewer finds medical necessity is not established for 2

Lead Spinal Cord Stimulator Trial.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)